



# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

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31 July 1991

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## ANGOLA

### EEC Finances Program To Fight Cholera

91P40328A Luanda JORNAL DE ANGOLA  
in Portuguese 7 Jun 91 p 3

[Text] The European Economic Community approved a financial package worth 222,000 Ecus (approximately 15 million kwanzas) to support the National Anticholera Program which will be directed by the nongovernmental Belgian-based organization "Doctors Without Borders." The Angolan health authorities recently inaugurated two centers in Luanda to combat the epidemic which is reaching alarming proportions in our country because of the deterioration of health facilities in urban areas.

### Results of UNICEF Malaria Study in Luanda

91WE0379A Luanda JORNAL DE ANGOLA  
in Portuguese 15 May 91 p 2

[Article by Jose Luis Mendonca]

[Text] The study on malaria, conducted by the National Directorate for the Control of Endemic Disease [DNCE] begun last month under the auspices of UNICEF in the municipalities of Cazenga, Kilamba Kiaxi, and Sambianga, revealed that only 2.8 percent of the population polled during the period in question showed signs of the disease in their blood. This means that out of 100 persons checked only three were diagnosed as having malaria; this information should bolster the spirits of the population as a whole, were it not for the fact that the residents of Luanda are plagued with headaches the entire year.

In view of the "bombastic" results of the study, would the ordinary citizen not be somewhat confused in knowing that during the entire year all the members of his family, from the oldest to the youngest, suffer at least once from terrible fever accompanied by a headache?

A doctor is a doctor! It is the doctor who knows whether or not we have malaria; no one should self-prescribe medicine for his illness or presume that he has a dislocation when he may have only a sprain.

Hence we have the results of the study on malaria; in each case the prospective patient was prepared with the use of A4 paper sheets and Dr. Guadalupe Verdejo, Chilean medical epidemiologist, working for UNICEF in Luanda, explained the various aspects of the disease in lay terms.

### Extensive Investigation

What does Dr. Guadalupe tell us?

She tells us that the study has virtually two objectives: first, to ascertain what knowledge and attitudes the people already have with regard to illnesses in general; second, to ascertain the level of the disease among the

people studied, that is, the number of cases confirmed through the laboratory analysis of blood samples extracted during field trips.

An analysis was made of 5,486 individuals who showed the traditional signs of malaria. These cases were divided into groups: one of children less than two years old; the other of two years old and older with fever at the same time. Still other individuals were examined without fever but dwelling in the same house as the previous group. Malaria was detected in only 153 people, which gives an average of 2.8 percent.

"We have no point of comparison with previous studies and can therefore not say if these results represent an increase or decrease in the incidence of the disease in Luanda," says the doctor. "But even so, three people out of 100 show positive results," she adds.

"One thing is certain," says Dr. Guadalupe, "a fever or headache accompanied by chills is not necessarily synonymous with malaria.

In this study it was verified that only a small percentage of the individuals who presented symptoms really had malaria. This implies the need to conduct more intensive laboratory investigation in the diagnosis of other diseases: tonsillitis, respiratory diseases, viruses, and other infectious diseases....

Many people do not know the origin of malaria: 70 percent of those polled stated that they were unaware that it was caused by the bite of an infected mosquito.

"Many people confuse the utilization of chloroquine, thinking it is a medicine for fever and headaches," says Dr. Guadalupe. "Rather, it is a specific medicine for the treatment of malaria or paludism. However, it causes some disturbance in the person who is taking it, as in the case of allergies or resistance to a specific medicine. If taken properly, it produces no side effect.

On the other hand, the malarial mosquito is not the only one which lives in stagnant water; other mosquitoes exist which cause other illnesses.

For this reason, it is necessary to eliminate all possible mosquito breeding places to prevent the predominance not only of malaria but also of other diseases.

### How to Combat Mosquitoes

There are collective as well as individual ways to combat the procreation and development of mosquitoes; and the cost is very little or perhaps nonexistent.

As an example of collective combat, Dr. Guadalupe outlines the following course of action:

—Eliminate all stagnant bodies of waters, even mud puddles, to prevent the reproduction of mosquitoes (tamping them down where possible with earth or sand).

—Eliminate the accumulation of garbage and other trash where water collects in cans, tires, ditches, etc.

—Place diesel fuel, gasoline, or discarded motor oil in stagnant pools to kill the mosquito larvae.

#### Action at the Individual Level

—Protect every source of water supply in the house to prevent the mosquito from laying its eggs and reproducing.

—Constantly change (at least once per week) the water used for plants or other storage containers.

This is a list of measures which can be effective in decreasing the risk of infection from malaria and other diseases originating from mosquito bites.

Thus the voice of experience and knowledge spoke and thus, also, we concluded our chat with Dr. Guadalupe Verdejo, a woman whose skin was still tanned from two weeks of study in the three districts of the capital and who was reluctant to lose the opportunity to help solve some of our health problems, deriving certain results from the study of the incidence of malaria in a part of the Luanda population.

A study which, if the truth be known, has succeeded in bringing new and tremendous headaches to those responsible for the national health sector, since it is then necessary to determine which diseases are being confused with malaria.

#### Malaria Kills 13 People in Cuanza Norte Province

*MB2006202491 Luanda Radio Nacional Network in Portuguese 1935 GMT 20 Jun 91*

[Text] Ndalatando, 20 Jun (ANGOP)—A total of 6,000 malaria cases and 13 deaths were recorded in Cuanza Norte Province during the first quarter of 1991. A report from the Provincial Health Directorate notes that 730 people suffering from that disease were admitted at local hospitals during that period. According to the report, the cases decreased by 591 [words indistinct] with last year.

### CHAD

#### Cholera Epidemic Spreading

*AB1406221791 Libreville Africa No. 1 in French 1230 GMT 12 Jun 91*

[Text] The cholera epidemic in Chad is spreading and has now taken hold all over the country. Early this month, the Chadian authorities had already reported 130 victims. It must be noted that cholera is transmitted through the digestive canal after a two-to-five-day incubation period. It is often deadly, and the affected person can lose 10 percent of his weight in four hours.

### GHANA

#### Cholera Outbreak in Upper East Region

*AB1406220491 Accra Ghana Broadcasting Corporation Radio Network in English 2000 GMT 11 Jun 91*

[Text] The health authorities in the Upper East Region have made an urgent appeal to the Ministry of Health to rush in medical supplies to help combat an outbreak of cholera in the region. The appeal was made by the regional director of health services, Dr. W. H. Gandaa when he briefed the regional secretary Mr. O.K. Mobilah on the latest situation. Dr. Gandaa, who asked for the immediate airlifting of intravenous drips, said two deaths have so far been recorded out of 308 reported cases. He said at first all the cases were coming from the Boagatenga District, but the disease has now spread to outlying villages and other districts.

Two people have also been reported dead of cholera at Yendi in the Northern Region and 12 others are on admission at the hospital.

### MOZAMBIQUE

#### Eighty-nine Children Die of Malaria, Diarrhea, Malnutrition in Gaza

*MB1306190891 Maputo Radio Mozambique Network in Portuguese 1030 GMT 13 Jun 91*

[Text] A total of 1,450 children have been admitted to Chokwe Rural Hospital in Gaza Province over the past six months suffering from malaria, diarrhea, and malnutrition. A total of 89 of them have already died. The Chokwe Christian Community yesterday handed more than 90,000 meticals to the hospital to assist the Pediatrics Department. On the occasion, the health unit director stressed that religious groups should contribute toward mobilizing people to fight malaria and implement health programs benefitting mothers and infants.

### NIGERIA

#### Gastroenteritis Breaks Out in Sokoto State Area

*AB1406222991 Lagos Radio Nigeria Network in English 2100 GMT 10 Jun 91*

[Text] An outbreak of gastroenteritis has been reported in the Gusau local government of Sokoto state. The disease, which was first noticed in Rejiya and Magami villages, has claimed at least 15 lives while many more have been admitted at the Gusau General Hospital.

The chairman of the local government, Alhaji Musa Abubakar Garba, told newsmen at Gusau that the epidemic has been reported to the state Ministry of Health. Alhaji Musa stated that efforts have been intensified by the local government, to bring the situation under control.

### **Cholera Outbreak in Gongola State**

*AB2506183591 Lagos Radio Nigeria Network  
in English 1500 GMT 23 Jun 91*

[Text] An outbreak of cholera has been reported in Mubi Local Government Area of Gondola State. Reports say two persons including a village head are said to have died in the epidemic. The reports said 12 other people suffering from prolonged vomiting and frequent stooling are now receiving treatment at the Mubi General Hospital.

The medical doctor at the hospital stressed the need for immediate release of vaccines to the hospital to enable it to cope with the influx of patients. The epidemic is said to have spread to other nearby villages.

## **SOUTH AFRICA**

### **WHO Releases African Malaria Statistics**

*MB2806095291 Johannesburg SAPA in English  
0828 GMT 28 Jun 91*

[Text] Johannesburg June 28 SAPA—The World Health Organisation (WHO) says an estimated two billion people are at risk from malaria, and the parasite in some areas was becoming more resistant to drugs.

According to the UN agency, sub-Saharan Africa remained by far the worst affected.

It said severe epidemics hit Botswana, Madagascar, Rwanda, Swaziland and Zambia in 1990, contributing to the WHO's estimated 100 million clinical cases of Malaria that occurred in Africa annually.

Data from Zambia indicated that malaria accounted for 10 percent of infant deaths and 25 percent of deaths of children between one and four years of age.

The only good news was that in areas of Africa, where greater access to anti-malarials existed, the mortality rate was declining. Although not specified by the WHO, South Africa fell in the latter category.

"Moving to other parts of the world, China for instance has had a spectacular decrease in cases—down to 140,000 in 1989 from as many as four million in the 1970s.

"In Brazil, the most dangerous of the two main malaria parasites, *plasmodium falciparum*, claimed the lives of some 10,000 adult workers in the Amazon area alone. This particular parasite is becoming resistant to almost all anti-malarial drugs in use, including chloroquine."

In some parts of South East-Asia, a new drug, mefloquine was widely used for treatment, but the WHO reports in some areas only half the cases now responded.

"China is experimenting with an extract from a herb—*artemisinin*—but although it showed promise, there was little experience outside Africa.

"South Africa is fortunate that mosquito control is still widely and effectively practised. This activity, when combined with holiday-makers taking anti-malarials, ensures that the risk of contracting malaria is greatly reduced," the statement says.

### **Outbreak of Sleeping Sickness in Animals in Natal**

*MB1306193891 Johannesburg South African  
Broadcasting Corporation Network in English  
1600 GMT 13 Jun 91*

[Text] An outbreak of Nagana [Trypanosomiasis—sleeping sickness] disease is reaching serious proportions in kwaZulu, and it is feared that tens of thousands of cattle may die in that region.

The state veterinarian for Pietermaritzburg, Dr. Max Buchman said the disease, which is spread by the tsetse fly, had broken out about a year ago. It was spreading from animals in game reserves in northern Natal and Zululand to cattle in kwaZulu.

Five thousand of the cattle exposed to the disease had died, and about 30,000 had been treated.

## **TANZANIA**

### **Cholera Related Deaths in Mtwara**

*EA2506085691 Dar es Salaam Radio Tanzania  
Network in Swahili 1900 GMT 19 Jun 91*

[Text] Mtwara—Thirty-six people died from cholera in rural Mtwara between December last year and February this year. Today a government official said that during that period, the disease had affected 29 villages in rural Mtwara district and 1,000 persons suffered from the disease. The official said that the disease was caused by dirty environment and lack of toilets in that district. He said more than 300 persons were taken to court for not having toilets near their homes.

## **ZAMBIA**

### **Cholera Death Toll Ebbs at 800**

*91WE0377 Lusaka TIMES OF ZAMBIA in English  
23 Apr 91 p 1*

[Text] More than 800 people have died from cholera nationwide since the disease broke out early this year.

A Ministry of Health spokesman said the Copperbelt Province was leading with a total of 212 deaths although only 14 patients were in the treatment centres.

Out of the 10,711 reported cases in the nation, 9,785 had been discharged, 111 were still in various treatment centres and 825 had died.



Cases of cholera were still occurring in different towns despite efforts by the ministry and other organisations to combat the disease which has cost the Government millions of Kwacha.

The number of treatment centres has been reduced to 52 from 133. Northern and Lusaka provinces had the highest number of treatment cases with each having 12 centres.

Only two people were reported to be in the treatment centres in Central Province, four in Northern, eight in Southern, 11 Lusaka, 14 on the Copperbelt, 23 in Eastern and 49 in Luapula Province.

Health Minister Dr. Jeremiah Chijikwa said in Lusaka yesterday that the situation was under control.

He said this when German Ambassador to Zambia Mr. Rudiger Reyels gave 310,000 capsules worth more than K600,000 to the fight against cholera.

"We have traced most of the cases and treated them but this does not mean our fight against the epidemic should end here. We have to continue the fight together."

"The environment must be our key worry now even after the rainy season to ensure that we do not have a similar outbreak next year."

He hoped that neighbouring countries would be vigilant in fighting cholera after the March seminar which brought together 11 African countries to discuss the epidemic.

#### **Kaunda on Funds To Fight Cattle Disease**

*MB2306151691 Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 22 Jun 91*

[Text] President Kaunda today revealed that the government is counting for [as heard] funds to fight Coriger's [as heard] disease which has killed a lot of animals in Southern Province. Addressing a huge rally at Sinazongwe, Comrade Kaunda described Coriger's disease as terrible, but added that there was for concerted efforts to eradicate the scourge when funds are made available.

Earlier, Southern Province Minister Daniel Munkombwe complained that Coriger's disease had become a big problem to the people in the province. But the president said even if funds are made available, there was need for people to work hard since that is a necessary prerequisite to development.

**Pilot Survey on Human Parasitic Infections in 3 Counties of Tibet**

54004806A Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 9 No 1, Feb 91 pp 23-26

[Article by Yu Senhai [0151 2773 3189], Xu Longqi [6079 7127 4388], et al.; Institute of Parasitic Diseases, Chinese Academy of Preventive Medicine]

[Abstract] Parasitic surveys were made of three pilot sites from Duilongdeqing, Milin and Linzhi counties in Tibet of different altitudes. Feces from 926 persons were examined with direct smears (saline and iodine), Kato-Katz techniques, zinc sulfate flotation and test tube culture methods. Children under 12 were also examined by adhesive tape technique for Enterobius vermicularis. The overall infection rate of intestinal parasites in these 3 sites was 73.1 percent, 76.9 percent and 98.5 percent respectively. Nineteen species of parasites were detected, including Ascaris lumbricoides, Trichuris trichiura, Necator americanus, Ancylostoma duodenale, Enterobius vermicularis, Trichostrongylus sp, Taenia saginata, hymenolepis diminuta, Sarcocystis hominis, S. suihominis, Giardia lamblia, Entamoeba coli, E. histolytica, E. hartmani, Endolimax nana, Iodamoeba buetschlii, Blastocystis hominis, Blantidium coli and Enteromonas hominis. Use of the enzyme linked immunosorbent assay suggested that hydatid disease, trichinosis and cysticercosis were also present in Tibetans. The prevalence and the intensity of infection of some parasites seemed to be related to the local climatic conditions and dietary habits of the local people.

**Heilongjiang Reports Drop in Endemic Disease Incidence**

SK0207085491 Harbin HEILONGJIANG RIBAO in Chinese 11 May 91 p 1

[Article by reporter Gao Shuhua (7559 3219 5478): "Incidence of Endemic Diseases Notably Declines in Reclamation Area"]

[Summary] Since 1982, the reclamation area of Heilongjiang Province has established endemic disease prevention and treatment leading groups staffed with more than 2,400 medical personnel in the General State Farm Administration, nine state farm administrative bureaus and more than 100 crops and livestock farms. It has also invested 27.7 million yuan to improve potable water. Sixty percent of the people in endemic fluorosis areas are now supplied with safe water and 40 percent of the people in the reclamation area are now able to have a tap water supply.

To prevent and treat brucellosis, it established China's first brucellosis department in the hospital of the General State Farm Administration in 1983 and the recovery rate of the patients suffering brucellosis has reached 75.6 percent.

According to statistics, the incidence of Kaschin-Beck disease in the reclamation area has declined from 117 permillage to 24 permillage and the incidence of dental fluorosis from 200.3 permillage to 117 permillage, keshan disease has been brought under control and the prevention and treatment of endemic goiter has reached the state standard.

## CAMBODIA

**Increased Number of Malaria Cases in Kompong Som***BK2306080891 Phnom Penh SPK in French 1159 GMT 22 Jun 91*

[Text] Phnom Penh 22 Jun (SPK)—During the first quarter of this year, the number of people affected by malaria increased in Prey Nop District, Kompong Som City, compared to the same period last year.

The provincial hospital received over 370 patients against 169 in 1990. To fight against malaria, which generally occurs in hilly areas, health workers in the district have conducted campaigns to familiarize people with hygiene and prophylactic measures and assisted people in taking preventive measures.

**SPK Reports Malaria Endemic in Kampot Province***BK3006075891 Phnom Penh SPK in French 0414 GMT 30 Jun 91*

[Text] Phnom Penh 30 June (SPK)—Malaria is endemic in the province of Kampot some 140 Km south of Phnom Penh, especially in the mountainous districts of Chhuk and Chum Kiri.

During the first five months of the year, more than 1,490 people suffered from malaria and among them five died.

Health workers were dispatched on the spot to detect and round up the sick people.

The AICF [International Association Against Famine] has helped the province to build and equip two laboratories in Chhuk and Chum Kiri to combat the disease transmitted by mosquitoes. The AICF has also assisted in training two health specialists.

## INDONESIA

**Eighteen Deaths Reported in Cholera Outbreak***91WE0372B Jakarta KOMPAS in Indonesian 3 May 91 p 14*

[Text] Padang (KOMPAS)—At least 18 people in the East Pasaman area of Pasaman Regency (West Sumatra), have died in a cholera epidemic that has exploded since the holidays. An additional 360 people have been treated for an alarming diarrhea, which broke out on 19 March.

As of yesterday, it was reported that dozens of patients are still lying at a number of local health facilities, such as the clinics at Panti and Rao, the Ibnu Sina RSI [Islamic Hospital] at Panti, and the Lubuksikaping RSU [General Hospital]. The cholera victims are of all ages.

"Because of the number of cholera cases and deaths, we have declared an 'emergency situation.' Therefore, all health facilities in the area have been instructed to

assume 'readiness condition one,'" Dr. Arius Yakub, head of the Health Improvement and Disease Prevention (PKPP) Section of the West Sumatra Regional Health Office, told KOMPAS at his office on Thursday [2 May].

He said that the high number of cholera deaths occurred because the victims lived deep in the interior and that efforts to stop the disease were delayed because of distance from clinics and hospitals. Cholera is a very "sensitive" disease and can cause death if not treated immediately. "Of the 18 deaths, 5 occurred en route to clinics. Some died at a clinic or hospital. Others died because families were late in informing health officials," he said.

Areas affected by cholera lie generally in East Pasaman, namely in the Rao Mapattunggul and Panti Subdistricts, which are about 220 kilometers north of Padang. Most victims came from Tapus, Panti, and Cubadak Villages.

**Treated on Clinic Porches**

Dr. Arius Yakub said there were only a few cases when the cholera first broke out on 19 April [as published]. After the holidays, however, the disease spread explosively. Although local health officials were prepared, the cholera has continued to spread. The Panti and Rao Mapattunggul were hit first, but the disease is now reported to have spread to the neighboring Lubuksikaping (capital of Pasaman Regency) and Bonjol Subdistricts.

He added that, in anticipation of conditions and to prevent further deaths, the West Sumatra Regional Health Office/Service has sent 3,000 infusion ampoules to the area to supplement depleted medicine and infusion supplies. Latest reports at the beginning of May say that there have been no additional deaths, although several people are still being treated at local clinics and hospitals.

He acknowledged that cholera spread explosively after the Idul Fitri holiday and that hundreds of residents of Panti and Rao reportedly were afflicted suddenly. "The sudden, explosive outbreak of cholera has overcome clinic staffs. Hundreds of patients were rushed to clinics and hospitals at almost the same time. Because equipment and facilities at clinics are very limited, some patients had to be treated on clinic porches," Dr. Arius Yakub added.

That is not a method practiced by health officers but was necessitated by the very limited health care facilities. For example, treatment rooms are small, and beds are insufficient. "We have mobilized all existing potential. Besides clinic officers, personnel from the Ibnu Sina RSI and the Lubuksikaping RSU are also dealing with the situation. Nevertheless, there are still patients who have to lie on clinic porches."

He also added that investigations by health officials in the Pasaman area show that the causes of the cholera

epidemic were a dirty environment and the consumption of food and water for which health standards are not assured. These two factors invite the outbreak of cholera.

### Hepatitis B Prevalent

91WE0372A Jakarta KOMPAS in Indonesian 8 May 91  
p 8

[Text] Bandung (KOMPAS)—At present, 17.9 million Indonesians are carriers of hepatitis B. They appear healthy but can transmit hepatitis B to people close to them. The World Health Organization puts Indonesia in the group of countries with a high prevalence of hepatitis B. Prevention through vaccination has been hindered by the cost and short supply of the vaccine.

Drs. Djoharsjah, director of marketing for PERUM [Public Corporation] Bio Farma, disclosed this during the Second Pharmacy Biotechnology Symposium at the Savoy Homann Hotel in Bandung on Tuesday [7 May]. He said that at least 50 million doses of the hepatitis B vaccine are needed to curb the disease. The current price of the vaccine is about 20,000 rupiah per dose.

The ones now urgently in need of the hepatitis vaccine are newborn infants. With births now at about 5 million per year, the annual demand for the vaccine is great. Because it must still be imported, only a few people are able to buy it. PERUM Bio Farma records show that about 400,000 doses of the imported vaccine are sold each year.

### Obstacle

On a similar note, Drs. Slamet Soesilo, director general for oversight of food and medicine in the Department of Health, said in his written speech that Indonesia is still using imported biotechnological health products, which include hepatitis B vaccine, insulin, and interferon.

The main obstacle facing Indonesia is the large investment needed to set up an installation to make the vaccine. PERUM Bio Farma, the only body tasked with handling biological products in Indonesia, is studying the problem.

Although the projected market is "fantastic," many things must be considered before building a plant to make hepatitis B vaccine. These include a guarantee that the government will market it and protection from other producers who would cut prices. The emergence of newer technologies could also threaten installations that may be operating.

Another concern is the "killed-by-success syndrome." It is especially true of vaccines that manufacturing is stopped when the disease has been eliminated. An example was the success of the smallpox vaccine in eliminating smallpox from the world. As a result, vaccine supplies have to be destroyed. If the hepatitis B vaccine is successful, it will suffer the same fate. The government must give early thought to this risk.

### Return to Nature

During breaks in the program, Prof. Dr. Sidik from the Pharmacognostic Laboratory of the UNPAD [Pajajaran University] FMI-PA [Faculty of Mathematics and Natural Science] recommended that Indonesia's wealth of plant life be used to fight hepatitis B. Under the return-to-nature movement, and with the support of "network culture" biotechnology, prospects for the use of traditional medicines is bright.

He said his laboratory is now studying and testing the effectiveness of wild ginger (*Curcuma xanthorrhiza* ROXB) and turmeric (*Curcuma domestica* VAL). Laboratory research has shown that certain amounts and concentrations of the volatile oil from wild ginger and "curcumatids" from turmeric can heal liver disease.

About 60 liver disease (hepatitis) patients are receiving this natural therapy under the supervision of internists. Prof. Dr. Sidik said the condition of the patients has improved but did not cite percentages of recovery.

## SOUTH KOREA

### Researcher Says Unique Hepatitis Virus Found

SK2606095691 Seoul YONHAP in English 0906 GMT  
26 Jun 91

[Text] Seoul, June 26 (YONHAP)—A South Korean medical researcher said Wednesday his team had found a Hepatitis C-virus [HCV] unique to Koreans for the first time, presaging a breakthrough in diagnosis and prevention of the often fatal disease.

Cho Chung-myong of the U.S.-based Lucky Biotech Corp. told a seminar in Seoul that his team found that the virus in blood samples from Korean hepatitis patients was different from the virus in the United States and Japan.

He separated the virus and analyzed its gene cloning and base sequence. He found the base sequence of the RNA was 15 percent to 27 percent different from that of the U.S. and Japanese viruses and of the amino acid was 15 percent to 25 percent different.

To define base sequence is tantamount to understanding the structure of a gene because a base is one of the main ingredients of a nuclei.

"It is imperative that Korea developed its own diagnostic reagent to cure HCV victims as Korean-type HCV turned out to be different from those of the U.S. and Japan," Cho said.

Generally, there are five variations of the Hepatitis virus ranging from type A to E. Type A and E are transmitted through food and water and type B, C and D through blood transfusions and sex.

The Hepatitis-C virus, which Cho referred to as neither A nor B, accounts for 25-30 percent of all hepatitis and is more likely to cause chronic hepatitis, liver cancer or hepatocirrhosis than B.

In infection with the B virus, about 10 percent of the victims develop chronic hepatitis, compared to 50-75 percent for C, and about 20 percent of them develop hepatocirrhosis or liver cancer, Cho said.

He said his team planned to commercialize a diagnostic reagent by early next year and develop a vaccine in three to four years, after clinical trials. A conservative estimate puts the number of Korean C virus patients at 1 percent to 2 percent of the Korean people.

Abbott and Ortho of the United States share the world's hepatitis diagnostic reagent market and Korea has imported it since May of last year as the government made it binding to test donated blood for hepatitis.

## LAOS

### Reported Illnesses From Disease Reduced in Champassak

*BK1206093291 Vientiane Vitthayou Hengsat Radio Network in Lao 1200 GMT 11 Jun 91*

[Text] The Malaria, Parasites, and Liver Fluke Institute announced that the rate of illnesses caused by snail disease [pha- gnat hoi—schistsome Mekongi] among people has decreased by 64 [figure as heard] percent after medical cadres at the institute carried out diagnoses for the disease among 576 children who were younger than 15 years old in five cantons [in Khong District of Champassak Province]. Of these, only 37 children were found with parasites.

The institute began eradicating this disease in May this year by utilizing, on an experimental basis, the snail-killing (Nicalosmit) chemical substance along a stretch of 2,255 meters of the Mekong River front in front of the Khong District hospital. At the same time, a total of 5,814 snails were also collected from the eastern bank of the Khong Islet to be used as samples for examination for parasites. No parasites have been found on these snails so far, thus indicating that the experiment conducted last year in that portion of the Mekong River was effective.

### Malaria Cases Cited in Sayaboury

*BK2106065191 Vientiane Vitthayou Hengsat Radio Network in Lao 0000 GMT 21 Jun 91*

[Text] According to a report sent by authorities in charge of the malaria control station in Sayaboury Province, malaria still remains a serious threat to the life of the people in the mountainous regions in the province. Out of more than 11,900 persons at various production bases who have their blood checked, more than 1,800 have been found to be afflicted by the disease, including 1,769 cases of the (vasikalom) malaria parasite and 37 cases of

the (ivac) type. Only 6.32 percent of the entire population in the province have undergone blood tests for the disease. Of more than 3,000 patients admitted into the provincial hospital in the first six months of this year, some 1,200 of them have been found to be ill with malaria. Ten of them have already died of this disease.

To prevent the spreading of this disease, the province has set up five more malaria control stations—one in Phiang District and four in Pak Lai District. Malaria eradication teams have also carried out malaria eradication campaigns in three localities—Naven village in Phiang District, Ban Na Oudom village in Boten District, and Ban Houai Sam-O village in Sayaboury District. They have conducted experimental blood tests among villagers in eight villages so far.

### 'High Rate' of Malaria Detected in Attapeu Province

*BK2606121891 Vientiane KPL in English 0904 GMT 26 Jun 91*

[Text] Vientiane, June 26 (KPL)—A high rate of malaria is detected in the southern Attapeu Province. The recent blood test campaign showed that 55 percent of the blood samples proved positive.

In addition to the outbreak of malaria, judging from the unusual weather condition at present it is predicted that dengue fever may break out in the municipal town of Attapeu in the near future. In order to cope with the possible outbreak, the station has hurriedly dispatched its personnel to launch a campaign to provide information on the illness and to motivate people to destroy breeding grounds of mosquitoes.

### Lack of Infrastructure Impedes Anti-Malaria Efforts

*BK2806115491 Vientiane KPL in English 0911 GMT 28 Jun 91*

[Text] Vientiane, June 28 (KPL)—The rate of malaria cases detected in five villages of Viangthong District, Houa Phan Province, still covers 70 percent of a total 16,000 inhabitants in the villages.

The head of the district public health said between April and June, a number of medical personnel was sent to the areas to provide check-ups to the local people, as a result 240 of whom were found affected by malaria.

Dr. Bouason also spoke of difficulties in providing medical services to the public because of lacking infrastructure, personnel, equipment, and medicines. This led to the closing of many dispensaries there.

## THAILAND

### Lao Malaria Cases Treated Free

91WE0337D Bangkok DAO SIAM in Thai 1 Apr 91 p 8

[Excerpts] This morning at the Ministry of Public Health, Dr. Uthai Sutsuk, the undersecretary of the Ministry of Public Health, discussed the problems found on an official trip to Yasothon and Ubon Ratchathani Provinces. He said that the hospitals and public health clinics of the Ministry of Public Health along the Thai-Lao border must bear the cost of treating Lao patients who cross the Mekong River and come for treatment when they become ill. Large numbers come each year. About half of the patients who come to the hospitals along the Thai-Lao border, which include the Khemmarat, Photsai, Si Muang Mai, Chanuman, and Khong Chiam hospitals, and the district health clinics there, are Lao. The provinces have to spend about 1 million baht a year to provide free medical treatment to these people. However, out of humanitarian concern, when these people come for treatment, we have to help them in order to help our fellow man. And this helps strengthen friendly relations between our two countries, too. [passage omitted]

Dr. Wari Tangloetsamphan, the director of the Khong Chiam Hospital in Ubon Ratchathani Province, who has been working along the border for three years, talked about why Lao patients travel to Thailand for treatment. She said that they come here because Thailand's medical equipment is more modern than that used in Laos. Some Lao patients have said that when they go to have dental work done, they have to purchase medicines themselves. The Khong Chiam Hospital treats about 12,000 inpatients and outpatients a year. About 40 percent of these are Lao. Most of these people are suffering from cerebral malaria, which is very expensive to treat and which requires many days to treat. This is followed by people who come here for sterilization, particularly a hysterectomy. [passage omitted]

### Liver Fluke Incidence Increases

91WE0337B Bangkok BAN MUANG in Thai 7 Apr 91 p 18

[Excerpts] Dr. Krutsatha Manunwong, a public health official in Sakon Nakhon Province, said that the stool samples taken in January 1991 as part of the program to control liver flukes showed that 3,235 people are suffering from liver flukes. Including the results of the

samples taken during the period October 1990 to January, a total of 11,615 people have been found to have this disease. A total of 45,355 people were surveyed. [passage omitted]

"The incidence of liver flukes is very worrisome. I would like to warn people not to eat raw foods, particularly raw minced meat. [passage omitted]

### Drug Producer on Medicine Patent Law

BK2406085391 Bangkok THAI RAT in Thai 24 Jun 91 pp 1, 22

[Text] Phonwit Phatcharintanakun, vice president of a medicine producers association, said on 23 June that 15 more countries—including Argentina, Brazil, India, the Soviet Union, and Thailand—are expected to give protection to medicine patents, as indicated by discussions in these countries on the issue. Sixty-four countries currently protect medicine patents; these include the United States, Japan, France, Germany, South Korea, and Singapore.

Citing a German study and research center's paper, Phonwit said the United States wanted Thailand to protect medicine patents because it did not want to impose trade protectionist measures against Thailand that could trigger severe international trade repercussions and hurt both countries.

Meanwhile, an executive member of a medicine producers association said the fear of excessive medicine prices after government amendment of the medicine patent law is unfounded, noting that the new law will not cover any medicines currently in the Thai market because they are regarded as generic medicines. Moreover, about 10-30 new medicines are imported each year and 99 percent of these require prescriptions. Doctors would prescribe less modern medicines if the new ones were too expensive.

## VIETNAM

### Malaria Mortality Down in Ho Chi Minh City

BK1906091691 Hanoi VNA in English 0621 GMT 19 Jun 91

[Text] Hanoi VNA June 19—The Tropical Research Centre in Ho Chi Minh City has got inspiring results in experimenting, in coordination with Oxford University of Britain, new drugs, known as artesunate and artemether, against acute malaria.

In the first five months of this year, the centre treated 278 serious cases with a mortality of 7.5 percent, down by about 4 percent as compared with past years.

## BULGARIA

### Health Ministry Warns Against Malaria Danger

AU2006170491 Sofia BTA in English 1604 GMT  
20 Jun 91

[Text] Sofia, June 20 (BTA)—There is a danger of "import" of malaria into Bulgaria, it was announced at a news conference at the Ministry of Health. Specialists in communicable and parasitic diseases have taken emergency control and preventive measures during the malaria season between April and October.

No malaria cases have been registered in Bulgaria for many years.

### Danger of Tick Disease Outbreak Announced

AU2706124991 Sofia BTA in English 1115 GMT  
27 Jun 91

[Text] Gabrovo, June 27 (BTA)—There is a real threat of a Lyme's Disease outbreak in central Bulgaria, says the Plovdiv Institute of Epidemiology and Infectious Diseases. Their study proved that about half of the ticks, the major source and carrier of the infection, are infected. The number of people infected with the disease is also considerable. In the last two years over 950 patients have referred to the skin-and-venerology ward of the hospital in Gabrovo with similar complaints after tick bites. It is known that if not detected in time, this acute infectious disease may affect seriously the skin, the eyes, the joints, the heart, the brain, the kidneys and the central nervous system.

## ROMANIA

### Typhoid Fever Risk Warning Issued

AU3006065491 Bucharest ROMANIA LIBERA  
in Romanian 26 Jun 91 p 2

["Typhoid Fever Risk—Communique From Preventive Medicine Center of Bucharest Municipality"; place and date not given]

[Excerpts] As of 25 May 1991, three cases of typhoid fever were registered in Cringasi District [of Bucharest] from foreign citizens originating from South and Southeast Asia, who were living, without submitting the due legal forms, with various Romany families in that district.

The first two cases of typhoid fever registered were Pakistani citizens, who were admitted to the Colentina Contagious Diseases Hospital on 25 May and 31 May. The third case, not connected with the first two cases, was an Indian citizen, who was admitted to the Colentina Contagious Diseases Hospital on 15 June. One should note that all three individuals had already been infected with the disease before entering the country, the last one being in a feverish state when he crossed the border into Romania. [passage omitted] The Preventive Medicine Center of Bucharest Municipality and the Cringasi medical dispensary took steps to deal with the two hotbeds of typhoid fever. [passage omitted]

These cases of typhoid fever emphasized the following risk problems for the health of the district's population: the precarious hygiene in Cringasi district, particularly in the blocs of flats inhabited by Romany people—overcrowding, dirt, no disposal of household garbage, no permanent source of potable water, and so forth. [passage omitted]

In view of the fact that the prevailing situation in this Bucharest residential district represents a very serious danger for the introduction of grave diseases in our country (such as typhoid fever, cholera, malaria, and so forth) we believe that the government should take steps to impose a severe control and, if need be, even restrictions on foreign citizens arriving in our country from certain countries in Asia and Africa.

### Ministry Denies Cholera Rumors Spread by Foreign Media

AU2706193291 Bucharest ROMPRES in English  
1850 GMT 27 Jun 91

[Text] Bucharest ROMPRES, 27/6/1991—The Ministry of Health of Romania gives the lie to the story circulated by some mass media as regards the occurrence of cholera in Romania now.

The ministry, through the preventive medicine centres, carries through the program of averting and controlling acute diarrheic diseases, cholera included, and testifies to the absence of cholera occurrence in the country and to the absence of the ethiological agent in water or other environment factors.

Since May 1 the Galati Preventive Medicine Centre has regularly checked the Prut River water without tracing the vibrio cholerae.

## REGIONAL AFFAIRS

### Simmonds Challenges Physicians in 'Nation-Building'

*FL1806022191 Bridgetown CANA in English  
1921 GMT 17 Jun 91*

[Text] Kingston, Jamaica, June 17, CANA—St. Kitts and Nevis Prime Minister Dr. Kennedy Simmonds has challenged Caribbean physicians to move beyond the limited boundaries of their profession and contribute to nation-building. Simmonds, an anaesthetist, said physicians had to do more than educate and cure illnesses.

"We can lead the way to help the policy-makers make more effective choices and to deploy the limited resources. This contribution must also extend beyond the narrow confines of simply influencing medical choices," Simmonds said as he addressed the annual banquet of the Medical Association of Jamaica (MAJ) Saturday night.

He noted that health and education were given "high priority" and commanded about one third of the St. Kitts and Nevis budget.

The challenge facing many developing countries was to motivate the populace to become the "driving force" of development, Simmonds said. Developing countries, he added, had to re-train their people as they strived for economic development. He warned, however, that it was easy to succumb to the temptation to aspire too quickly to the new technologies being developed and focus attention on "exotic developments."

## BELIZE

### Government Conducts Cholera Surveillance on Arrivals

*FL2906013391 Bridgetown CANA in English  
1603 GMT 28 Jun 91*

[Text] Belize City, Belize, June 28, CANA—Belize has issued a warning to people travelling to Mexico to take precautions against cholera. It follows the discovery earlier this week of 17 cases of the disease in the co-called "misery belt" around Mexico City.

The Belize warning, issued by the Ministry of Health, says that members of the public, travelling into Mexico, should be extremely careful of the water and food they consume. The precautions apply, they say, even to travellers to the Mexican border town of Chetumal, in the southern state of Quintana Roo, where many Belizeans cross to buy cheap supplies and petrol.

The government-run Belize Information Service says that surveillance of travellers coming in from Mexico has also been intensified. Checks are already in place for travellers arriving on international flights from South America, and for ferry arrivals from Honduras and Guatemala, at the southern port of Punta Gorda.

The cholera epidemic in South America has so far killed nearly 2,000, and hundreds of thousands have been stricken by the disease which is caused by dirty water and unsanitary living conditions.

## Colombia

### Reportage on Cholera Epidemic

#### Twenty-nine Deaths

*PA1506160191A Mexico City NOTIMEX in Spanish  
8 Jun 91*

[Editorial Report] A 150- word dispatch datelined in Bogota states that "Health Ministry sources reported that the number of people who have died from cholera in Colombia has increased to 29, while the number of cases in the southwestern part of the country is over 2,000." The report added that "the Health Ministry reported the first fatal victim of cholera in Cali, the third largest city in Colombia." The report notes that "the epidemic is concentrated in the Departments of Cauca, Narino, and Valle del Cauca, located on the Pacific Coast."

#### Central Area

*PA1506160191B Bogota Inravisión Television Cadena 2  
in Spanish 1730 GMT 11 Jun 91*

[Editorial Report] A Bogota Inravisión Television Cadena 2A one-minute report states that "cholera arrived in the central part of the country. The first case was detected in Coyaima, Tolima Department, where unfortunately the first death from cholera has occurred." The report adds that "two cases of cholera were registered at the regional hospital in Purificación," but nevertheless, health authorities believe that those were isolated cases."

#### Thirty Deaths

*PA2206025291A Bogota Radio Cadena Nacional  
in Spanish 1200 GMT 17 Jun 91*

[Editorial report] The Public Health Minister, Camilo Gonzalez Posso, has reported that "30 people have died of cholera since the disease appeared," and that the first fatality in Tolima Department was a woman from Coyaima Municipality. The report adds that the minister announced a "sanitation campaign" along the Atlantic Coast.

#### Twenty-three Hundred Cases

*PA2206025291B Bogota Inravisión Television Cadena 1  
in Spanish at 2300 GMT 18 Jun 91*

[Editorial report] Twenty-three hundred cases of cholera have been reported to date and "the hospital crisis has spread throughout the country." "In Valle Department a sanitation state of emergency and public disaster was declared after an increase in the number of cholera cases, now recorded at 530, was reported."



**High Risk Areas**

PA2906151291A Bogota EL TIEMPO in Spanish  
20 Jun 91 p 4-C

[Editorial Report] The first case of cholera was reported in Huila Department. The report states that "a red alert was declared and measures were adopted throughout the department. Tello, Huila Department, was included in the high risk areas identified by the Regional Emergency Committee." The report adds that the ten departments affected by the cholera epidemic thus far are: Narino, Cauca, Valle, Choco, Tolima, Cundinamarca, Amazonas, Guaviare, Meta, and Huila.

**Choco—24 Deaths**

PA2906151291B Madrid EFE in Spanish 2054 GMT  
26 Jun 91

[Editorial Report] Official sources have reported that at least 24 persons have died in Choco Department, bordering Panama, this month due to cholera. The report also states that "leaders of the Black Christ (Cristo Negro) sect have undermined the work of the medical brigades in this region by arguing religious beliefs." The report adds that on 23 June the authorities reinforced preventive measures after the appearance of the first cholera case in Girardot, the main recreation and resting area for Bogota's population.

**COSTA RICA****Measles 'Epidemic' Hits Caribbean, Northern Zones**

PA1906175391 Panama City ACAN in Spanish  
2159 GMT 16 Jun 91

[Text] San Jose, 16 Jun (ACAN-EFE)—More than 10 persons have died as a result of a measles epidemic that has affected approximately 1,500 Costa Ricans over the last seven months, it was stated today by Health Ministry sources.

The outbreak has affected adults, mothers, and pregnant women, and is concentrated in the Caribbean region and northern zone of the country, according to Health Director General Emilia Leon de Coto, who said that the epidemic is under control.

Seven Finance Ministry employees are among those affected by the disease.

The Health Ministry is conducting an investigation to determine if it will be necessary to revaccinate the Costa Rican population against measles, in the event that the dose given at 15 months of age has lost effectiveness over time.

Health Vice Minister Manuel Angel Cortes said that no measures will be adopted to revaccinate the people until the investigation concludes around year's end.

"The ministry will not revaccinate the people simply because some of them thought it would be a good idea. This would be tantamount to blindly throwing away the vaccine," Cortes said referring to the fact that countries like the United States and Canada ascertained that a measles vaccine, given during the first year of a person's life, does not provide life-long protection.

Nevertheless, National Children's Hospital Director Edgar Mohs said "it is unfair" to leave the lives and health of thousands of Costa Ricans unprotected until year's end, when the ministry concludes its investigation.

According to Mohs, if health authorities determine the need to revaccinate, the doses would be given to the unprotected population, including pregnant women who are less than 30 years of age.

According to official figures, 74 percent of the births in Costa Rica involve mothers who are less than 30 years old.

Health statistics indicate that 119 cases were reported between 1982 and 1986, 8,911 were reported between 1986 and 1989, and 1,575 cases have been reported in this latest epidemic.

**ECUADOR****COMPILATION OF Cholera Reports****Over 10,000 Cases**

PA1506160191C Quito Radio Quito in Spanish  
14 Jun 91

[Editorial Report] Radio Quito carries a three-minute report citing Health Minister Plutarco Naranjo, who said that "the cholera epidemiologic curve has radically dropped in Ecuador despite the medical strike declared in some provinces since 10 June." Naranjo said that the mortality rate remains between 1.6 and 1.7 percent. He added that according to official statistics issued on 30 May, 10,188 cases were registered, of which 343 have died. He stressed that the present number of cases represents 15 or 20 percent of the total cases registered on 15 May, when the epidemic reached its peak.

**New Outbreaks**

PA2206025291C Quito Radio Quito in Spanish  
2300 GMT 21 Jun 91

[Editorial report] "Despite the authorities having said that the cholera epidemic was on the decline, new outbreaks were reported in Manabi and Tungurahua Provinces." The report stated that several people contracted the disease in Manta, Manabi and Esmeralda, Tungurahua and concludes by noting that "government officials have stepped up the appropriate measures to prevent further spread of the disease."

DOMINICAN REPUBLIC

**Pest Destroys 80 Percent of Avocado Crop**

91WE0393A Santo Domingo EL SIGLO in Spanish  
14 May 91 p 5

[Article by Marino Zapete C.]

[Text] Plant health and quarantine expert Manuel Feliz says that over 80 percent of all avocado production will be ruined this year by the recent appearance of *Acysta Perseae*, more commonly known as the avocado bug.

Feliz, for over 30 years an employee of the Office of Secretary of Agriculture's Department of Plant Health, visited the staff of this newspaper to report the appearance of the pest and warn authorities of the deterioration of the country's plant quarantine services.

He explained that the avocado bug attacks plants massively, feeding on and drying out leaves until they gradually turn brown and drop prematurely.

"Some avocado plants have lost their leaves to the pest three times this past year," Feliz said, adding that the avocado bug also attacks medlar, eggplant, and tomatoes.

He explained that the pest, which is common in Mexico, multiplies rapidly and thus spreads quickly within a very short amount of time.

Feliz believes it entered the country on imported live plants, suggesting that Agriculture is not controlling ports and airports as strictly as it should.

He does not think the Ministry of Agriculture's departments of quarantine and plant health are effectively preventing dangerous pests from entering the country due to the fact that the most highly skilled technicians have quit their jobs.

He said either political pressure or limited wages force quarantine experts to quit their jobs in the ministry.

He added that in the future, avocado prices will be much higher than at present because it will be necessary to use pesticides to control the bug.

Feliz argued for a change in direction in the handling of plant quarantines and said the incompetence of official organizations is responsible for the fact that the country now has many pests it did not have before.

Among them are the *Trips Palmi*, the white fly, coffee blight, and powder mildew.

GUYANA

**Agencies Provide Aid To Prevent Spread of Cholera**

FL2006115691 Bridgetown CANA in English  
1849 GMT 19 Jun 91

[Text] Georgetown, Guyana, June 19, CANA—Several international agencies have responded to Guyana's call and have donated financial and material assistance to prevent the spread of cholera to this South American country.

Dr. Rudolph Cummings, head of the cholera committee here, said that the Inter-American Development Bank (IDB) has promised the Guyana Government U.S. 17,000 dollars for drugs and the United Nations Development Programme (UNDP) pledged 13,000 dollars worth of equipment and laboratory supplies. The UNDP has also promised to supply chlorine pumps while the Canadian International Development Agency (CIDA) is to assist in water analysis and is also to give the Health Ministry two million chlorine tablets for water purification, Dr. Cummings said. The United Nations Children's Fund (UNICEF) is to fund an emergency educational programme while a Canadian agency is to assist with transportation for medication and health teams around the country.

"We are now trying to get the European Economic Community (EEC) incorporated into the programme of activities and in this light, we have found it necessary to draft a more comprehensive national programme document," the committee head said. The government, he said, is seeking the EEC's assistance in providing pipelines to address the problem of leakages and reduce the incidence of water contamination.

Guyana has also stepped up co-operation with its neighbours and has started sharing information with Venezuela and Suriname. Health teams from Suriname and Guyana met at a Guyana border town last month and have agreed to share information in the event of an outbreak of cholera in either country, Cummings said.

The ministry has undertaken an inventory of all the supplies Guyana may need if there is an outbreak of cholera. It has in stock 300,000 sachets of oral rehydration salts to make oral rehydration fluid, he said. The ministry has also done inventories of intravenous solutions and laboratory supplies which could be used to treat a limited number of cases.

"It cannot last forever, and that is why we are making the approaches to the different agencies for assistance," Cummings said.

## MEXICO

**Health Secretariat Reports 17 Cholera Cases**

*PA2606205791 Mexico City XHTV Television Network in Spanish 0200 GMT 25 Jun 91*

[Text] The Health Secretariat reported on 22 June that 17 isolated cholera cases have been detected in the State of Mexico. Five of the cases were hospitalized, given the necessary treatment, and discharged once fully recovered. The other 12 were discharged a few hours after they were attended to in health centers in the area. According to the Health Secretariat, the cholera outbreak was detected on 17 June in an isolated rural town that is located in the southern part of the State of Mexico. The health secretariat said that the cholera bacillus was possibly brought by a carrier who secretly flew into the area—because landing strips that are reportedly used by drug traffickers have been located there.

**Update on Cholera Reports****Seventeen Cases**

*PA2906151291C Paris AFP in Spanish 1015 GMT 24 Jun 91*

[Editorial Report] A 900-word report on a cholera outbreak in San Miguel Totolmaloya, 185 km south of Mexico City states that "up to now, 17 cases have been officially detected and over 20 other cases are being studied. The sanitation fence is producing results and there seems to be no new cases." The report also states that the authorities have imposed several measures—including a strong sanitation fence and massive medication—and have put chlorine in the La Goleta river. The report adds that Health and Public Assistance Secretary Jesus Cumate visited San Miguel Totolmaloya on 22 June, when the outbreak was still not publicly known, and that it was only reported a week after the first case.

**No New Cases**

*PA2906151291D Mexico City NOTIMEX in Spanish 0149 GMT 27 Jun 91*

[Editorial Report] Mexico City NOTIMEX carries a 350-word report on the current status of the cholera outbreak in San Miguel Totolmaloya. The report states that "the outbreak is under control and under strict supervision by sanitation brigades. The Health Secretariat reports that there have been no new cases within the past 72 hours." The report adds that the isolated cholera outbreak has 19 confirmed cases and that the sanitation cordon continues.

## PANAMA

**Measles Outbreak Kills 55 Indians, Government Issues Appeal**

*PA1906134591 Panama City LA PRENSA in Spanish 18 Jun 91 p 20a*

[Text] A Health Ministry communique signed by acting Director General Dr. Cirilo Lawson sent to LA PRENSA states that there are still outbreaks of measles in Alto Bayano due to the refusal of parents to allow their children to be vaccinated.

The communique reports that the outbreak began at the beginning of June and has killed 55 people so far, mostly in the Piria and Pingandi communities. The report adds that 93 percent of the deaths are children under 15, none of which had been vaccinated.

The communique states that the Health Ministry has reinforced the local health teams who attend those Kuna villages to help convince the population to accept the vaccine and thus protect their children's lives.

The Health Ministry requests that parents in these communities take their children to be vaccinated free of charge at the health centers, clinics, and other health facilities.

## PERU

**Malaria, Leishmaniasis Detected in Huaura Province**

*PY2006165791 Lima EL COMERCIO in Spanish 11 Jun 91 p A1*

[Summary] Health personnel of the Huacho Hospital have detected 405 cases of malaria and 25 cases of leishmaniasis in various locales of Huaura Province, 150 km north of Lima. Most of the malaria cases were found in Huaura and Santa Maria, and leishmaniasis in Huaura-Sayan and Hualmay.

**Health Minister Reports on Cholera Mortality Rates**

*PY1206013691 Madrid EFE in English 2303 GMT 11 Jun 91*

[Text] Lima, June 11 (EFE)—Peru's cholera epidemic, one of the largest in the world this century, is also one of those with the lowest mortality rates, Health Minister Victor Yamamoto said Tuesday.

Yamamoto said the epidemic, which broke out in early February, was "under control" in the coastal and Andean regions of Peru, but he added that the situation in the Amazon jungle was "worrying."

In 209,547 probable cases of cholera reported, 81,449 people were hospitalized, and 1,802 people, or 0.8 percent of all probable cases, died.

The average mortality rate in other epidemics of cholera around the world has been 20 percent, he said.

Cholera deaths represent 2.2 percent of the total number of Peruvians hospitalized for the disease.

The region with the highest mortality has been the Amazon jungle, where almost 8.5 percent of the number of people hospitalized for cholera have died.

Yamamoto said the Amazon and Andean regions had higher mortality rates from cholera than the coastal areas because the interior regions had poorer sanitary and health facilities.

He said the government had spent almost \$9.5 million fighting the epidemic.

The disease is spread mainly by fecal contamination of water and food, and propagates rapidly in areas where sewage enters drinking and irrigation water.

#### **Government Sources—Cholera Epidemic 'Under Control'**

*PY1706150491 Lima Radio Nacional del Peru  
Pachacutec Network in Spanish 1200 GMT 17 Jun 91*

[Excerpt] Government sources have reported that the cholera epidemic, which began in Peru in early February, is under control and that the number of cholera cases is decreasing. The cholera outbreak, which began in the northern port of Chimbote, has resulted in 211,446 cases and 1,850 deaths over a period of 19 weeks. [passage omitted]

#### **Update on Cholera Epidemic**

##### **Death Toll at 1,878**

*PA2206025291D Mexico City NOTIMEX in Spanish  
0310 GMT 21 Jun 91*

[Editorial report] The Health Ministry of Peru has reported that the death toll due to the epidemic stands at 1,878. This is 0.86 percent of the total number of cases. The report continues by stating that "83,097 people have been hospitalized and a total of 114,200 cases have been reported since the epidemic broke out in January 1991." The report adds that Minister of Health Victor Yamamoto has said that "the number of cases has dropped in the coastal and mountain departments, but in the Peruvian Amazon Jungle the number of cases has increased over the past few weeks."

##### **Over 2,000 Deaths**

*PA2906151291E Lima RTP Television Network  
in Spanish 1800 GMT 27 Jun 91*

[Editorial Report] A one-minute RTP Television Network report shows charts on the current status of the cholera epidemic in the country. The charts indicate that, so far, 223,564 cases have been reported and

confirmed, that there are 86,954 hospitalized patients, and that 2,163 persons have died.

#### **Cholera Epidemic Continues; Fatalities Top 2,000**

*PY2806203691 Madrid EFE in English 1956 GMT  
28 Jun 91*

[Text] Lima, June 28 (EFE)—The number of fatalities from the cholera epidemic that has swept through Peru this year has risen to 2,163, an increase of more than 400 on figures given three weeks ago, Peruvian Health Ministry officials said Friday [28 June].

The officials said the disease has begun to spread after a recent lull, with 285 deaths and 9,000 new cases reported in the five days to Monday, predominantly in the country's Amazon region. About 224,000 cases of cholera have been reported since the epidemic spread from coastal regions in early February. The disease has also spread to Ecuador, Chile, Colombia and Brazil.

Three weeks ago, the World Health Organization (WHO) said 1,726 people had died from cholera in Peru, which also had 203,628 reported cases of the disease. The WHO said a total of 2,099 people had died from cholera in Latin America since February.

The Peruvian officials said the new spread of the disease was not merely confined to the Amazonian rain forests. A total of 2,295 new cases were reported in the northern coastal province of La Libertad, where 49 people died of cholera in the five days to Monday. The Andean provinces of Ancash and Ayacucho had registered 825 new cases and 20 fatalities between them. Fresh outbreaks in the capital have led to 880 new cases although only one fatality had been reported in Lima by Monday.

Peruvian Health Minister Victor Yamamoto said the spread of cholera in the Amazonian region was of particular concern because the remoteness of the area had hampered relief efforts to treat new cases and stem the range of the disease.

International experts have highlighted the fact that only 45 percent of Peru's population has access to clean drinking water as a prime reason for the continuing virulence of the disease. The situation has been further aggravated by a 106-day-old strike by thousands of public health workers.

But the Health Ministry said the mortality rate of 0.7 percent from the epidemic was still below average compared to many Asian nations where cholera is endemic.

A huge increase in the number of diarrhea cases in the port of Chancay, 60 km north of Lima, at the end of January first alerted doctors to the presence of the cholera bacteria, which is believed to have been carried by shell fish, according to the WHO.

## AFGHANISTAN

### Malaria Threatens Refugees in Pakistani-Based Camps

91WE0386A Kabul THE KABUL TIMES in English  
22 May 91 p 3

[Text] Some health institutions have revealed that the malaria disease has turned into an epidemic in the Afghan refugee camps in Peshawar. Quoting the so-called interim government of the Mujahiddin in Pakistan, radio Mashad of Iran has reported that insanitary living surroundings and non-availability of appropriate health care facilities, are among the factors which have contributed to the aggravation of health issues in the refugee camps. The report has warned that the epidemic is threatening the survival of many refugees in these camps.

According to another report of the same source, the camp authorities have called upon the world charity organisations and the world health organisation to adopt prompt measures aimed at containing and subsequently eradicating the disease.

However, it must be mentioned that the international mass media including the western sources have referred on many occasions to the miseries reigning supreme in the Peshawar refugee camps including malnutrition.

In one of its recent programmes, the Voice of America (VOA) has also taken into assessment various aspects of life of the Afghan refugees in the Peshawar camps, asserting that the health condition of mother and child is far below any acceptable norm there. The radio has added that malnutrition and shortage of food in the camps are quite wide-spread and has rendered the children there vulnerable to a host of fatal diseases.

According to the VOA refugee children have reached a rather embarrassing stage inasmuch as most of the children die before they could be taken for emergency treatment. Further, the required medicines are not available in the camps, preventive measures have not been taken at all and the children are yet to be vaccinated against certain known diseases.

More sad is the fact in most of the clinics, male and female patients are being taken under treatment in the same room. This, it is quite known, runs counter to the national traditions of the Afghan people both from the point of view of their psychology and cultural peculiarities. There are no lady doctors and nurses to attend to the female patients and thus they are being treated by male doctors and looked after by male nurses. In fact, this is an overt insult to the very foundations of the Afghani traditions and is a matter of concern for virtually all strata of the country.

Meanwhile, the question as why such things happen arises every now and then. Why are the refugees living under such terrible conditions in the camps? Why have

some of our countrymen left their homeland? Why do they endure various hardships and at times humiliations in foreign countries? And finally, why don't the refugees return home? The answer to all these questions, however, is a unique one. That is, a handful of Afghans who have fled the country in pursuit of egoistic ends and have declared as unholy against the Afghan nation to realize the same, have been doing their best to keep aflame the war. For personal and obvious reasons, these traitors to their nation and homeland have either deceived those who are now called refugees or compelled them to abandon their native places and take refuge under the false umbrella of Jihad.

Nevertheless, most of the Afghans living in Pakistan presently have realized the ominous plots and conspiracies of their enemies and thus they have been longing for quite some time now to return home. Though some of them have succeeded to overcome the obstacles and have reached home, however, most of the refugees are yet to realize their dreams of resuming a dignified life in their own homeland. This is because the extremist mercenaries and the Pakistani militia bandits have been impeding the return home of the refugees by looting, killing and subjecting to other forms of torture and humiliations the returning Afghans. The extremists and their patrons in the regional and international levels at times frighten the refugees from the consequences of their returning home under the pretext of insecurity in Afghanistan.

The refugees are, however, fully aware that such crocodile tears shed by the extremists and their instigators are mere propagandistic manoeuvres and thus, availing of the national Reconciliation policy, they are returning home everyday and in face of all the hindrances created by the extremists.

## BANGLADESH

### Minister Speaks on National Health

91WD0851 Dhaka THE NEW NATION in English  
26 Apr 91 pp 1, 8

[Text] About one lakh fifty thousand people died of cancer in Bangladesh last year.

This was stated in parliament yesterday by Education Minister and deputy Leader of the House Prof. AQM Badruddoza Chowdhury. Dr. Chowdhury while replying to a question of Awami League MP Sheikh Fazlul Karim Salim informed the House that the Government was seriously considering to set up a cancer institute and hospital in the country for better treatment of this deadly disease though there were separate cancer wards in all medical college hospitals.

He was replying during the question-hour on behalf of Health Minister Kamal Ibne Yusuf who was away in diarrhea affected areas.

Replying to a supplementary question Prof. Badruddoza Chowdhury who is also a renowned physician, said that the government had been playing a pioneering role in gearing up the anti-smoking movement as it was identified as one of the major causes of cancer. Not only in Bangladesh but also in the developed countries curative measures against the acute cases are yet to be available, Prof. Chowdhury pointed out.

#### Doctors Inadequate

Replying to another question Nurul Islam Mani MP (independent) Prof. Bandruddoza Chowdhury said that there was one doctor for 5448 people in the country. It is inadequate for sound growth of medicare system in the country and the people-doctor ratio should be one to 500, he said.

Statistics provided by the Education Minister states that there are 19,632 registered doctors in the country while 369 others are working abroad. In reply to a supplementary question he made it clear that the government had taken initiative in creating job opportunities for unemployed doctors. In this regard the government has a plan to set up more hospitals in different parts of the country to meet the needs of the people seeking treatment, he said.

Mr. Chowdhury, however, did not give the details about the doctors unemployed in the country.

In reply to a question from Awami League MP Shaukat Ali he said that there was no separate ward for the people attacked with contagious diseases in the district and upazila medical centres in the country hence the government is keen to establish such wards to prevent spread of contagious diseases, he said.

#### AIDS

Replying to a supplementary question from Rashed Khan Menon the Education Minister informed the House that three AIDS patients had been detected so far in the country and one of them died recently in a village of Noakhali. The government is very much aware of this disease, he said adding that concerted efforts had been made to check it.

In reply to another question from Mohammed Latifur Rahman of Awami League the Education Minister disclosed that 3,577 black fever patients had been detected in the country during the last three years.

#### Free Medicine

Medicine worth about Taka 44.27 crore was distributed free of cost throughout the country from July 1990 to March in the current year, Mr. Chowdhury informed the House when he was replying to another question from Awami League MP Rashed Mosharaf. The Minister said in relation to demand the supply of medicine was inadequate. The government is making all out efforts to increase supply in accordance to our means, he firmly said. In reply to an allegation made by Rasheda Khatun,

Jamaat MP, Badruddoza Chowdhury assured the House of taking stern actions against the persons involved in any malpractices in connection with distribution of medicines.

#### Concern Over Spread of Diarrhea Stressed

91WD0850 Dhaka THE NEW NATION in English  
27 Apr 91 p 5

[Editorial] The diarrhea situation in southern districts is becoming a cause of serious concern. At least 700 lives have been lost over the past four months due to attack of diarrheal diseases. As the Health Minister Kamal Ibn Yusuf told the House, the outbreak spread to 265 unions in 73 upazilas in 15 districts and more than 27 thousand people have been affected.

The disease is not confined to southern districts and is spreading northward. According to latest reports, a large number of cases have been registered in Narayanganj, Tangail and Nilphamari. Another northern district badly affected is Rajshahi. Along with reports of death come reports of shortage of saline and essential medicines and inadequacy and sometimes also inaccessibility of medical treatment.

Outbreak of diarrheal diseases is a recurrent menace in this country, in particular seasons specially. But this year the affliction has acquired a new intensity and geographical spread which is disturbing. What is more, the government seems to have been taken unaware, as is evident from the shortage of oral saline. Saline, it may be mentioned, is an expensive medicine universally applied in all types of diarrheal diseases. If saline cannot be supplied timely, it means our health service cannot cater to the most fundamental needs of the country. Of course oral saline can also be prepared at home but the unenlightened and underprivileged rural people cannot be depended on to fend for themselves. A more extensive and mass-oriented health education programme is needed as future prophylactic against the outbreak. But medical approach is only one of the approaches to fight it effectively. The other approach is social and environmental. The main cause of the outbreak, it is learnt, is that due to abnormal fall of water level the deep tube-wells, the only sources of potable water in villages, have become inoperative and people are forced to drink surface water and this they do without boiling and purifying.

It is also alleged that doctors in the rural health centers remain apathetic and even absent. As there was no political government in the country for so many years, control over technical and other personnel was lax and undiscipline and irresponsibility became the order of the day. Now that accountability in all tiers of the administration is being stressed, the performance of the attending physicians in the rural health centers is to be closely monitored and the position of supplies and equipment in those centers carefully examined.

The government has reassured us that the situation is under control. We too do not want to be unduly alarmist. Without being alarmist we should be serious in coping with this recurrent menace. The prime minister while touring the affected areas announced the establishment of a specialized hospital for diarrhea and saline plant in Barisal. This is welcome as a long term measure. The short term emergency measures should also be intensified to prevent fatalities and contain the disease.

## INDIA

### Indo-Soviet Medical Cooperation Protocol Signed

91WD0843 New Delhi PATRIOT in English 9 May 91  
p 3

[Text] India and the Soviet Union have signed a protocol for the plan of cooperation in the field of medical sciences and public health, reports UNI.

The protocol was signed by Dr. A.I. Kondroussev, Soviet Deputy Health Minister on behalf of the Soviet Union and R.L. Misra, Union Health Secretary for India in the Capital on Wednesday.

The protocol signed under the aegis of the agreement entered into between the two countries in March, 1979, envisages cooperation in the field of various disease like malaria, viral hepatitis, arbo viral infection, AIDS, oncology, cardiology, cardiac surgery, neurophysiology, aero space medicine, liver cell transfusion therapy, bone-marrow transfusion, medical bio-technology and yoga through exchange of information, literature, and visit of scientists of both the countries.

A few areas have been identified where efforts should be made by both the countries to explore the possibilities of co-operation through diplomatic channels in future.

## IRAN

### Reduction in Acute Respiratory Ailments in Khorasan

91AS0958Z Tehran JOMHURI-YE ESLAMI in Persian  
6 Apr 91 p 8

[Text] With the implementation of the project to control acute pediatric respiratory ailments in the Municipality of Quchan, the mortality rate for children under five years of age declined in the second half of the year 1369 [22 September 1990 - 20 March 1991] from 37.5 percent to 1.7 percent. The central news unit reports that this was announced by Dr. Yusef Nezhad, chief of the Mashhad Municipal Health Center, at a meeting of a group of specialists in family medicine (experts and technicians in the fight against illnesses in the Municipality of Mashhad). He added: Currently the project to control acute pediatric respiratory ailments is also being implemented in all the villages in the district of Kalat and Fariman and classes have been organized to teach paramedics at the clinical houses in these village. We add

that during the three days of this meeting participants will learn about the latest findings of the World Health Organization concerning the control of acute pediatric respiratory infections. It is worth mentioning that the project to control acute pediatric respiratory ailments is being implemented experimentally this year in the Municipality of Quchan in Khorasan Province, in the Municipality of Sarab in East Azarbayjan Province and in the Municipality of Shahr-e Kord in the Province of Chahar Mahal Va Bakhtiari

## IRAQ

### Thirteen Cholera Cases Registered Over Past Six Days

JN1206122391 Baghdad INA in Arabic 1121 GMT  
12 Jun 91

[Text] Baghdad, 12 Jun (INA)—Health departments in Iraq registered 13 new cholera cases over the past six days.

A report issued by the Health Ministry today said that the cases were distributed as follows: Four in al-Muthanna Governorate, three cases each in the Baghdad and al-Basrah governorates, and one case in each of al-Qadisiyah, Wasit, and Ninawa governorates.

The report notes that the patients are improving and that they are receiving intensive treatment in hospitals and health centers.

### Health Situation Leads Government To Close Restaurants

NC1206161791 (Clandestine) Voice of Iraqi Opposition  
in Arabic 1300 GMT 12 Jun 91

[Text] The spread of disease has reached alarming proportions in Iraq. The media of the defeated tyrant reported today that the Health Ministry ordered the closure of 271 restaurants and banned the sale of cheese.

Meanwhile, international relief workers have expressed concern over the spread of cholera, typhoid, and other diseases in Iraq. According to them, over 200 cases of cholera have been identified recently, and the tyrant's Health Ministry is unable to contain its disease's spread.

### Official Announces 28 New Cholera, 143 New Typhoid Cases

JN2206093491 Baghdad INA in Arabic 0850 GMT  
22 Jun 91

[Text] Baghdad, 22 Jun (INA)—The Ministry of Health has announced that 28 new cholera cases have been recorded in Baghdad and the other governorates. The director general of the Health and Environment Protection said in a statement to AL-JUMHURIYAH published today that the number of cases now totals 240

since the official announcement last month on the cases of cholera in Iraq, including the death of an 80-year-old person who was sent to the hospital late. He also said that the condition of those who are in the hospital is currently very good, and that no deaths have been recorded.

The Iraqi official also announced that the committees detecting epidemic diseases in Baghdad and the governorates have recorded 143 new cases of typhoid as of 18 June.

The economic blockade imposed on Iraq and the shortage of medicines and vaccines have greatly contributed to the spread of disease.



**Hepatitis Epidemic Occurs in Chelyabinsk Oblast**

PM1406093591 Moscow KOMSOMOLSKAYA  
PRAVDA in Russian 12 Jun 91 p 2

[Untitled INTERFAX, TASS report under the rubric "In a Few Lines"]

[Text] Some 78 people diagnosed as suffering from viral hepatitis were taken to the hospital in the city of Kasli in Chelyabinsk Oblast. According to preliminary reports, the cause of illness was the use of drinking water contaminated by fecal matter.

**Statistics on Chernobyl Radiation Deaths**

PM1706091491 Moscow KRASNAYA ZVEZDA  
in Russian 13 Jun 91 First Edition p 4

[USSR Health Ministry and Central Military Medical Directorate information in answer to reader's letter—first paragraph is reader's letter: "How Many Died of Radiation Sickness?"]

[Text] Is it known today how many people died of radiation sickness during the elimination of the consequences of the Chernobyl AES [nuclear power station] accident? [Signed] B. Onishchenko, Kiev.

In the course of overcoming the accident at the Chernobyl AES, 145 people contracted acute radiation sickness. Of these, 30 died.

At the end of last year, 275,614 people who took part in eliminating the accident's consequences were under the supervision of medical institutions of the USSR Health Ministry system. In 1990, in the Ukraine, Belorussia, and the RSFSR [Russian Soviet Federated Socialist Republic], 1,065 of these people died from various causes (accidents, poisoning, serious injuries, general

illnesses). This corresponds to the structure of mortality among men aged 20-49 in the country as a whole.

This information was obtained from the USSR Health Ministry and Central Military Medical Directorate.

**Cancer Cases Increase Following Chernobyl**

LD2106184391 Vilnius Radio Vilnius Network  
in Belorussian 1922 GMT 19 Jun 91

[Text] Gomel oblast party committee announces that in April 1986, before the Chernobyl catastrophe, 202 cancer cases per 100,000 people were registered in Gomel oblast. In 1991, the number of sick people was 246 per 100,000. The number of thyroid gland disease cases among children has increased by ninefold.

**Cholera Diagnosed in Moldovan Border Guard**

LD2506103591 Moscow TASS International Service  
in Russian 0915 GMT 25 Jun 91

[Article by TASS correspondent Vedor Angeli]

[Text] Kishinev, 25 Jun (TASS)—A case of cholera has been registered in Moldova. In connection with this, a session of the emergency antiepidemic commission was held.

The first person diagnosed as having cholera was one of the border guards serving on the border with Romania. Specialists have established that the cholera disease came from a germ detected in the water of the River Prut.

In the words of Nikolay Gyts, deputy chief doctor of the republican health center of the Moldovan Health Ministry, the situation in the republic remains tense. During the period 1986-90, 38 cultures of the cholera germ have been traced in samples of water taken from rivers, with 26 of these coming from the Dnestr river.

## DENMARK

### Greenland Physicians' Chief on Public Health

91WE0370A Nuuk GRONLANDSPOSTEN in Danish  
24 Apr 91 p 15

[Guest commentary by Knud Erik Kleist, president of the Greenland Medical District Federation: "The Future of the Greenland Health Service"]

[Text] Responsibility for the Greenland health service is to be transferred to the Greenland Home Rule Government. Consumers, with their knowledge of local conditions, and working through their political structures, must administer the system and not a remote office 4,000 kilometers away.

From the point of view of the consumer and workers in the system, as well as in the Home Rule Government's interest, the aim of the ongoing discussions about the transfer of responsibility must be the transfer of a health system which lives up to its goal. A future guarantee must be included in the negotiating agreement for conditions which are not addressed in the transfer.

A generally accepted aim of the health service is that patients to the greatest extent possible should be treated locally whether this be in their home community or at the Central Hospital in Nuuk. Furthermore efforts in preventive medicine and health education should be given higher priority.

Currently the Ministry of Health in Copenhagen is responsible and in October 1989 published "Draft Plan 2 for the Greenland Health Service." Among other reasons for this was the fact that the Home Rule Government had quickly decided it would assume responsibility for the health system on 1 January 1994 based on the phrase "a need for an all-encompassing efficiency campaign for and a modernization and expansion of the health system."

This is a process which is underway in areas but the Home Rule Government must evaluate conditions.

In general it must be said of the day-to-day work of the health system that all resources are used in the treatment of patients yet approximately 1,200 patients per year are sent to Denmark. That requires a significant strengthening of the health system, also so as to be able to engage in preventive work and health education.

There are many problems in Greenland's health system—and society. These are problems which in many ways are interconnected, which is why the Home Rule Government, through policy intervention and a setting of priorities, will be able to get more out of the system when it takes it over. In particular I am thinking about alcohol policy to limit assault and battery injuries, accidents, and social disparities and reducing sexually transmitted diseases and the number of abortions by, for

example, establishing clinics to help prevent pregnancies especially among the young.

But in this context I am also thinking of the paradox of the lack of Greenlandic-speaking staff as health care workers, one reason, among others, for which is a shortage of housing. The Administration Apparatus could also be simplified by transferring tasks to the central administration of the Home Rule Government.

But people will still be treated and looked after for appendicitis and cataracts. In connection with different family and social conditions, with more elderly, a change in the pattern of illness, and new diseases such as AIDS, demands on the Health Service grow, which is why a transfer alone cannot solve the problems. It is not enough for us to require the Ministry of Health to have the solution to everything in advance, but certain conditions have to be taken into account.

In the broadest sense Greenland's health system lacks professionally trained staff and in this context it is strange that prior to the eventual transfer the Ministry of Health has reduced the prescribed number of doctors by a mere 20 percent—eight positions and approximately 7.5 positions in the vacation substitute account. These are positions which were created by the same ministry in 1989 to standardize the work load and achieve a greater and qualitatively better medical service with the possibility of strengthening preventive efforts.

Beyond this a minimum of two specialists is needed to cover basic needs at the Central Hospital where, in addition, the beds in the surgery and pediatric departments cannot be used despite a need for them. There is also a shortage of nursing staff here, something which can also be said of many other localities. The number of public health nurses in all of Greenland, for example, is only 14 for 16 districts.

In the field of dentistry we can take pleasure in the young, but what about adults?

In the area of plant/modernization, there are major needs. Thus the Central Hospital, Queen Ingrid's Hospital in Nuuk is not yet built, since construction of the new operating unit and the laboratory was never begun, similarly we still lack an outpatient clinic, especially for the surgery patients, and the location of the intensive care unit is unsatisfactory.

In Nuuk there are discussions about the location of a medical clinic in the suburb of Nussuaq, and on the coast new construction/modernization work on the hospitals is needed—especially Ammassalik, Nanortalik, Uummannaq, and Qaanaaq, just as dental facilities are lacking in one locality. Finally in many places conditions in the smaller settlements are entirely unacceptable.

On a yearly basis approximately 1,200 patients are treated/examined in Denmark. This is partly because they require special facilities which are not present in Greenland but also because we in Greenland do not have

the capacity to take care of these patients. Thus some of these patients could immediately be treated in Greenland, such as major cancer operations and operations to install artificial knees and hip joints if we had the necessary operating and bed capacity. Other groups such as eye, ear, nose, and throat diseases could be handled at home if we had specialists and treatment facilities. One special group is the psychiatric patients, an area in which we lack the ability to admit patients to closed wards, plus the ability to treat the psychiatric problems of children and youth.

Rehabilitation patients needing physical therapy retraining could be sent home if we had beds. There is a need for X-ray breast testing for cancer, so-called mammography. To examine the skull and the spine, particularly for injuries, and to study the other organs, especially in cancer treatment, there is a need for an expanded X-ray machine, a so-called CT scanner.

When the transfer occurs, we must be prepared for a big treatment backlog of patients who have been on the waiting list plus patients who have not yet been given treatment.

The Greenland Home Rule Government will establish priorities and must set up its own public health planning process. Beyond this the Home Rule Government must take a stand on the leadership of the health service whose professional medical force in particular must be strengthened. In these phases as well it is important that workers in the health system be involved, just as overall the health service's function and service, and work with the local and central authorities must be discussed in this society.

**Greenland Infant Mortality Tied to Midwife Lack**  
 91WE0370B Copenhagen BERLINGSKE TIDENDE  
 in Danish 1 May 91 p 2

[Article from Ritzaus Bureau wire service: "More Midwives For Greenland"]

[Text] Nuuk—A shortage of midwives is the reason infant mortality in Greenland is approximately five times greater than in the rest of the Nordic countries, midwives believe. Infant mortality in Greenland has been studied by Dr. Peter Bjerregaard of the Danish Institute for Clinical Epidemiology. In several towns there are no midwives and this, midwives believe, causes an increase in infant mortality. Currently there are only 12 midwives for Greenland's 55,000 inhabitants.

**Counties Act To Improve Blood Supply Check**  
 91WE0370F Copenhagen BERLINGSKE TIDENDE  
 in Danish 15 May 91 p 9

[Article by Sten Tolderlund: "Stepped-Up Effort Against Dangerous Virus"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Following the speedy allocation of money by county politicians, most counties are already well underway checking donor blood for hepatitis C and hospital staffs have worked overtime.

A rapid response by counties has meant that now most hospitals already check all donor blood for the dangerous hepatitis C blood virus which can lead to contracted liver or liver cancer.

The counties went into action immediately when the minister of health on 25 April ordered all donor blood checked by 1 June at the latest.

County politicians quickly allocated the necessary funds and at the same time staff at several bloodbanks took on extra work.

And the result is that most hospitals are ready two to three weeks before the deadline set by the minister.

It appeared there might be a transition and that a number of bloodbanks would not meet the deadline but as things currently stand, all of them should be ready.

**Extra Effort**

"Since the middle of last week, we have tested all donor blood, but it is only thanks to our staff which has made an extra effort and come in on their days off. Furthermore county politicians have been quick to allocate the necessary resources," said Dr. Hanne Kirstein, the head of Sonderborg Hospital, where all donor blood in South Jutland County is checked.

In West Zealand County the central hospitals in Slagelse and Holbaek were ready to screen all blood in the county on 7 May, but blood drawn since 1 May has since been checked, Dr. Theis Bacher of Slagelse reported.

Roskilde County was ready on about 1 May and Copenhagen County followed immediately thereafter.

Since Friday of last week Storstrom County has tested all newly drawn donor blood and some of the blood which was already in bloodbanks at that point, according to Dr. Flemming Skov, the head of the central hospital in Nykobing F.

The Odense Hospital now screens all donor blood on Funen and the Central Hospital in Hillerod all blood in Frederiksborg County.

In North Jutland County the Aalborg Hospital has screened blood since December 1989 but now the hospitals in Hjoring and Frederikshavn do so as well and thus the entire county is covered.

The city of Copenhagen's hospital in Hvidovre has now been testing blood for one week and today or tomorrow the hospital will see how much unchecked blood remains in its reserves, said Dr. Per Wantzin, the senior resident.

### New Cases of Hepatitis-Infected Blood Donors

91WE0405A Copenhagen BERLINGSKE TIDENDE  
in Danish 25 May 91 p 4

[Article by Sten Tolderlund: "One Out of 200 Donors Infected"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Virtually all blood banks are examining donor blood for hepatitis C. The compulsory test of all donor blood in Denmark for the dangerous virus, hepatitis C, has revealed new instances of infected blood donors. None of the infected knew that they had the illness. They will be immediately rejected as donors.

Minister of Health Ester Larsen (Liberal) has ordered all donor blood examined by 1 June. Most blood banks had already begun by early May and the rest expect to be finished in time.

All donor blood drawn at hospitals on Fyn is being examined at the Odense hospital for hepatitis C. Examination began here shortly after 1 May. The blood bank reported that for every 100 portions of drawn blood, one infected donor has been found.

The examination, however, is subject to some uncertainty. Consequently, there is an additional test, and this test shows that half are actually not infected.

But the 0.5 percent which is left indicates that one out of every 200 donors are infected.

Nevertheless, the figures should be treated with reservation since the investigation process is still in the early stages.

The results correspond in the main with the investigations in progress since December 1989 by the Rigshospital and Alborg hospital, the only ones in Denmark to do this. Experts estimate that between 2,000 and 5,000 Danes are infected, donors as well as nondonors.

Hepatitis C can over a long period cause cirrhosis of the liver or liver cancer, but symptoms appear only after 10-15 years.

## IRELAND

### Statistics on Heart Disease Deaths Given

91WE0400 Dublin IRISH INDEPENDENT in English  
6 May 91 p 5

[Text] Almost four times more Irishmen die from heart disease and stroke than Frenchmen.

And our death rate from those diseases is three times higher than in Spain, and is more than twice that of Italy and Belgium, the Minister for Health said at the weekend.

Dr. O'Hanlon told the annual conference of the Association of Health Boards in Limerick that in the 1980s we

had an average of 34,000 deaths annually, 12,000 of which on average were as a result of coronary heart disease and stroke.

"Our position internationally in this area is a cause for concern," the Minister said.

The number of deaths in men from coronary heart disease and stroke in the age bracket 30-69 years is 336 per 100,000.

In Belgium the relevant figure is 148, Italy 133, Spain 103 and France a lowly 94.

The Minister said that a recent Irish survey found that 63 percent of adult males and 45 percent of adult females were overweight and approximately 30 percent of our adult population smoke.

"While the human cost behind these few statistics are immense, the economic costs are also very significant in terms of reduced productivity because of premature death, early retirement or absences from work and the medical costs of diagnosis, treatment and rehabilitation should not be overlooked either."

"The most disturbing feature of these statistics in the Irish context is that awareness of the risk factors associated with premature death and illness, namely smoking, alcohol abuse, unhealthy eating habits, hypertension and lack of exercise, has not influenced or reduced the toll of life years lost," he said.

## ITALY

### Hepatitis B Vaccination Now Obligatory

91WE0347A Rome LA REPUBBLICA in Italian  
10 May 91 p 24

[Article by Stefano Costantini: "A Law Against Hepatitis B—Obligatory Vaccination"—first paragraph is LA REPUBBLICA introduction]

[Text] Yesterday, the Senate approved a law concerning newborns and 12-year old adolescents. In the words of Professor Da Villa, father of this measure, "Finally, Italy is in the forefront and the World Health Organization has commended me. I will urge member Nations to follow suit." The disease should be eradicated by the year 2004.

Rome—By the year 2004, Hepatitis B will be totally eradicated. This dangerous killer is responsible every year for the death of 9,000 Italians. Since yesterday, vaccination against the disease is obligatory for newborns, up to one year of age, and 12-year old adolescents. This is the measure of a bill approved by the Senate's Health Committee. Professor Giuliano Da Villa, who was put in charge of writing the bill two years ago by Health Minister De Lorenzo, explains: "Finally, after so many years, we did it. This law puts Italy in the forefront. We are the first country worldwide to pass this

kind of legislation. Recently, in Munich, I explained our plan to representatives of the WHO. It was highly praised and will be recommended by the WHO to all its members. Perhaps this vaccination will become obligatory in all of Europe..."

The benefits of Hepatitis B vaccination will protect approximately 15 million people and will block the spreading of the virus among the country's youngest population. Every year, 1.2 million newborns and adolescents will be immunized. In 12 years, when all the children between the age of zero and 12 will have been vaccinated since birth, only the newborns will be immunized. The law, which was opposed up to the last minute, was the result of encouraging experimentation done over a period of eight years. Since 1983, Da Villa himself vaccinated about 10,000 children in the town of Afragola, in the Campania region, where he is director of the USL [Local Health Center.] The result was a 90 percent decrease in Hepatitis B. A note by the Health Ministry explains that, "before this test, at the same location, symptomatic and asymptomatic types of the disease were so high that the situation could have been called endemic."

This test proves the medical and social value of the project, but the economic value is no less remarkable, because this is a form of investment. In fact, with an expense of 35 billion lire, there will be a savings of 500 billion, which is the cost to the community for fighting the disease. Da Villa, who is also lecturer of Health Programming at the University of Naples, has one regret: the need to select only a part of the population to undergo vaccinations. His justification was, "With the resources available we could not extend [the vaccinations] to all the children. In fact, we lacked the structures to face over 7 million vaccinations a year. Therefore, we choose two groups according to priorities. At age one, because there is a higher risk that the virus will develop into cirrhosis and liver cancer; and at age 12, when the children may become sexually active and may come in contact with drugs." Years ago, when it first appeared, doctors called Hepatitis B "Hepatitis from a syringe," because drug addicts were the first to contract the virus and transmit it with infected needles. Only later they became aware that the infection could also be transmitted through sexual intercourse. The new law established a complex and mandatory schedule for vaccinations, identifying two categories of newborns based on infected and noninfected mothers (during pregnancy a test to determine if the virus is present is obligatory). Newborns most at risk, the ones from infected mothers, will be vaccinated at one, two, three, and 11 months. The others will be vaccinated at three, five, and 11 months, in conjunction with regular vaccinations against diphtheria, tetanus, and polio. All the inoculations, including boosters, will be given at the USL. Adolescents who have turned 11 but before they reach 12 years of age, will be given the shots in school. The USL certificate will be one of the documents required to register in elementary school at six years and for admission to the licencing

exam from middle school. Soon, the Ministry will identify, by decree, the category of adults at risk who can obtain free vaccinations. The rest of the population, not identified by the law, can be vaccinated against Hepatitis B through a medical prescription and by paying a regular charge.

## UNITED KINGDOM

### Food Poisoning Quadruples Over 1982

91WE0382 London *THE DAILY TELEGRAPH*  
in English 16 Apr 91 p 6

[Article by David Fletcher, Health Services correspondent]

[Text] More than 55,000 cases of food poisoning were reported last year—almost four times the number eight years ago, it was disclosed yesterday. But the actual incidence of food poisoning is generally reckoned to be at least 10 times the number of reported cases, taking the total to about half a million a year.

The area covered by Yorkshire Regional Health Authority was worst hit. It had more than 6,100 cases.

The highest increase was recorded by the Northern Regional Health Authority, which had a 572 percent increase between 1982 and 1990, taking the total number of cases to more than 4,100.

The figures were released by Dr. David Clark, Labour Shadow Food and Agriculture minister, based on information given to him by the Department of Health in Parliamentary answers.

He said that provisional reports from regional health authorities showed that 55,535 food poisoning cases were reported last year, compared with 14,243 in 1982.

"It is hardly surprising that we have this problem bearing in mind how the Tory Government has sacked its own veterinary staff, allowed the vacancies of environmental health officers and trading standards officers to increase, closed the Institute of Food Research in Bristol and sacked research scientists," he said.

"They have allowed food hygiene regulations to be weakened or delayed."

Labour would reshape the Ministry of Agriculture, Fisheries and Food to give food safety and quality a higher priority, he said.

Tackling the epidemic of food poisoning would be a high priority for the next Labour government.

A Department of Health spokesman said that the increase in the number of cases of food poisoning had been known for some time and the Government had acted to reduce it.

This year it introduced a Food Safety Act, bringing in new safety standards and stiffer penalties.

### **Search for Carriers of 'Human BSE' Revealed**

91WE0397 London *THE DAILY TELEGRAPH*  
in English 14 May 91 p 4

[Article by Peter Pallot]

[Text] Researchers are trying to trace 300 people who may be carrying an untreatable disease which cannot be detected in its early stages, a doctor leading the project said yesterday.

The former patients are being told not to give blood or donate organs for fear of transmitting Creutzfeld-Jakob disease, the human equivalent of BSE, or mad cow disease.

The young and middle-aged adults were among a group of 1,700 children who, between 1959 and 1985, were given a hormone made from the human pituitary gland to counteract poor growth.

The hormone, made from human brain tissue extracted from cadavers, has now been replaced by a genetically-engineered substitute.

Dr. Peter Adlard, clinical lecturer at the Institute of Child Health in London, said: "Of the 1,700 we are trying to find, we have established contact with doctors for 1,400 or so, leaving a certain number whom we cannot trace because they are unregistered or have moved."

Efforts to track the former patients follows criticism that they should have been alerted when the drug was withdrawn six years ago after it became clear that it could infect patients.

Campaigners say that had patients been alerted they would not have given blood or donated organs, routes by which it was known six years ago the disease might be transmitted.

Six former patients have died from Creutzfeld-Jakob disease, carried by a little-understood agent which is neither a bacterium nor a virus.

Dr. Adlard said the hormone, manufactured under the aegis of the Department of Health and prescribed by 20 specialists, carried "a small but undefined risk" of transmitting the disease.

Two patients are reported to be suing the department, though a spokesman said last night that no writs had been received. He added that the decision not to alert patients in 1985 was taken after consultation with doctors and was not meant to cover up the manufacture and prescription of a drug that might have been contaminated.

"There was and there still is no means of testing for Creutzfeld-Jakob disease. People are criticising us now with the aid of hindsight. The National Health Service did the best it could at the time," said the spokesman.

"Do you go to a family and say: 'Your child may have an incurable disease, but there is no test and no way of knowing whether he will develop the disease?' It is a terrible dilemma."

He thought the figure of 1,700 patients at possible risk of contracting the disease, which has an incubation from five to 40 years, was an underestimate. About 1,900 children had taken the hormone.

There are 25 known deaths a year from Creutzfeld-Jakob disease, although some doctors put the true figure much higher because they say it is mistaken for Alzheimers' and other diseases of senility.

Mr. Tam Fry, chairman of the Child Growth Foundation, blamed the Health Department for not recognising six years ago that blood transfusions and organ donation could endanger other NHS patients.

"In wishing not to have to say anything to these patients, they may be responsible for something far worse—that people who wanted to say thank you to the NHS for giving them normal growth inadvertently passed on this disease," he said.

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